

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/5/65 307	1/19/06						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1				51							
2	1	1				52							
3	2	1				53							
4	1	1				54							
5	1	1				55							
6	0	1				56							
7	0	1				57							
8	0	1				58							
9	1	1				59							
10	0	1				60							
11						61							
12						62							
13						63							
14						64							
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39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1		1			TOTAL IND.							
TOTAL DEP.	10	1	1	1		TOTAL DEP.							
TOTAL CLAIMS	11	1	1	1		TOTAL CLAIMS							